

2010-310-T 227243  
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Detach, complete and remit AFTER your safety audit has been performed by State Transport Police.

American Go Team Services (DBA The GoBus)  
(Applicant's name)

### SAFETY CERTIFICATION

If your operations are subject to Safety Fitness Procedures of the Federal Motor Carrier Safety Regulations (FMCSR) (49 CFR Parts 100-199), even if you have not yet received a Safety Fitness Rating, you must certify as follows:

Applicant has access to and is familiar with all applicable U.S.D.O.T. regulations relating to the safe operation of commercial vehicles. In so certifying, applicant is verifying that, as a minimum, it:

1. Has in place a system and an individual responsible for ensuring overall compliance with the FMCSR and the HM regulations;
2. Can produce a copy of the FMCSR and the HM regulations;
3. Has in place a driver safety/orientation program;
4. Is familiar with the FMCSR governing driver qualifications and has in place a system for overseeing driver qualification requirements in accordance with 49 CFR Part 391.51C;
5. Has in place policies and procedures consistent with FMCSR governing driving and operational safety of commercial motor vehicles, including drivers' hours of service and vehicle inspection, repair and maintenance (49 CFR Parts 392;395 and 396);
6. Are in compliance with the Controlled Substance and Alcohol Use and Testing as stated in FMCSR (49 CFR Part 40, 382, if applicable).

Any applicant who certifies they are in compliance with FMCSR and/or the HM regulations and upon completion of a compliance review audit, is found not to be in compliance, may have its certificate revoked.

PLEASE CHECK THE APPROPRIATE BOX	
<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NOT APPLICABLE

**EXEMPT APPLICANTS** - If you will operate only small vehicles (GVWR of 10,000 pounds or less) and do not transport hazardous materials in a quantity to require placarding under the HM regulations and are thus exempt from the FMCSR and HM regulation, you must certify as follows:

Applicant is familiar with and will observe FMCSR general operational safety fitness guidelines

PLEASE CHECK THE APPROPRIATE BOX	
<input type="checkbox"/> YES	<input checked="" type="checkbox"/> NOT APPLICABLE

### APPLICANT'S OATH

I, GEORGE OSBORNE, verify under penalty of perjury under the laws of the State of South Carolina, that all information supplied on this form or relating to this application is true and correct. Further, I certificate that I am qualified and authorized to file this application. I know that willful misstatements or omissions of material facts constitute criminal violations punishable by imprisonment and fines as prescribed by law. (Note: This oath embraces all schedules and supplemental filings to this application).


Sworn to before me  
at Conway, South Carolina  
this 24th day of Dec, 2010  
Patricia Huf

Notary Public

My Comm. Expires: January 08, 2011

George Osborne  
Signature of Applicant  
(Not Legal Representative)

RECEIVED  
DEC 08 2010  
PSC SC  
CLERK'S OFFICE

 <b>AMERICAN GO TEAM SERVICES LLC ( THE GO BUS dba )</b> USDOT#: 2098383	Review Date: 12/6/2010
<b>Part B</b>	

Your Proposed Safety Audit Result is: **PASS**

### Explanation of Scoring Methodology

Factor	Failed Questions		Performance Test Status	Total Points	Factor Status
	Critical	Acute			
1. General	0	0	—	0	PASS
2. Driver	1	0	—	1	PASS
3. Operations	0	0	—	0	PASS
4. Maintenance	0	0	PASS — 0.00 %	0	PASS
5. Hazardous Materials	—	—	—	—	—
6. Accidents	—	—	PASS — 0.00	—	PASS
<b>SUM</b>	<b>1</b>	<b>0</b>		<b>1</b>	<b>PASS</b>

**Result:** Carrier has adequate basic safety management controls in place.

NOTE: Carrier has the right to request a review of this determination if there are factual or procedural disputes.

#### HOW THE SA IS SCORED

**FACTORS** - The Federal Motor Carrier Safety and Federal Hazardous Material Regulations are categorized into six factors. Multiple questions address the various factors. The Part B Question & Answer Report lists the CFR section numbers related to each question.

**CRITICAL/ACUTE** - Questions are also defined as CRITICAL, ACUTE or neither depending on the significance of the underlying regulation. Questions are assigned a point value if they are incorrectly answered. Critical = 1 and Acute = 1.5. The point values are summed for each factor. Any factor with a point value of 3 or more is marked "FAILED".

**OUT OF SERVICE (OOS) RATE** - The Driver/Vehicle OOS rate is used in factor #4 as another question. If there have been more than three level 1, 2, or 5 North American Standard Inspections conducted over the past year, they will be summarized. If the summed OOS rate is over 34%, one additional point is assigned to that factor.

**CRASH FACTOR** - Carriers are defined as urban or non-urban in order to compensate for the higher crash risk of urban operations. Urban carriers are defined as those that operate within a 100 air-mile radius. The crash rate for a carrier is calculated as accidents per million miles traveled. Factor #6 is "FAILED" if the urban carrier crash rate exceeds 1.7 or the non-urban carrier crash rate exceeds 1.5.

**OVERALL STATUS DETERMINATION** - Any carrier with 3 or more "FAILED" factors is deemed to have failed the Safety Audit by having inadequate safety management controls in place to operate in the U.S.



though not required in this state, may be used with ACORD 360, four part perforated watermark 32 lb. paper.

### SOUTH CAROLINA INSURANCE IDENTIFICATION CARD

COMPANY NUMBER 26077 COMPANY ☒ COMMERCIAL ☐ PERSONAL  
Lancer Insurance Company

POLICY NUMBER BA16344#1 EFFECTIVE DATE 10/21/2010 EXPIRATION DATE 10/21/2011

YEAR 1897 MAKE/MODEL GILLIG VEHICLE IDENTIFICATION NUMBER 1SGCD2010V1087821

AGENCY/COMPANY ISSUING CARD  
Thomas Wood Insurance Agency, LLC  
106 Dovershire Ct.  
Cary, NC 27513

INSURED

American Go Services LLC DBA  
The Go Bus  
420 Maplewood Circle  
Conway, SC 29526

Coverage Meets SC Minimum Financial Responsibility Requirements

SEE IMPORTANT NOTICE ON REVERSE SIDE

### SOUTH CAROLINA INSURANCE IDENTIFICATION CARD

COMPANY NUMBER VOID COMPANY ☐ COMMERCIAL ☐ PERSONAL  
VOID

POLICY NUMBER VOID EFFECTIVE DATE EXPIRATION DATE

YEAR MAKE/MODEL VEHICLE IDENTIFICATION NUMBER

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# INSURANCE BINDER

DATE (MM/DD/YYYY)  
10/21/2010

THIS BINDER IS A TEMPORARY INSURANCE CONTRACT, SUBJECT TO THE CONDITIONS SHOWN ON THE REVERSE SIDE OF THIS FORM.

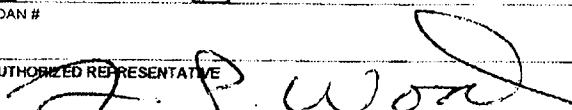
AGENCY Thomas Wood Insurance Agency, LLC 105 Dovershire Ct. Cary, NC 27513		COMPANY Lancer Insurance Company		BINDER # 102110001	
PHONE (A/C, No, Ext): 919-342-2929		FAX (A/C, No): 800-690-4958			
CODE:		SUB CODE:			
AGENCY CUSTOMER ID:		INSURED		American Go Services LLC DBA The Go Bus 420 Maplewood Circle Conway, SC 29526	
DATE		EFFECTIVE TIME		EXPIRATION TIME	
10/21/2010		12:01		11/21/2010	
		<input checked="" type="checkbox"/> AM <input type="checkbox"/> PM		<input checked="" type="checkbox"/> 12:01 AM <input type="checkbox"/> NOON	
<input type="checkbox"/> THIS BINDER IS ISSUED TO EXTEND COVERAGE IN THE ABOVE NAMED COMPANY PER EXPIRING POLICY #:					
DESCRIPTION OF OPERATIONS/VEHICLES/PROPERTY (Including Location) Charter and Shuttle Bus Operator					

## COVERAGES

## LIMITS

TYPE OF INSURANCE	COVERAGE/FORMS	DEDUCTIBLE	COINS %	AMOUNT
PROPERTY CAUSES OF LOSS <input type="checkbox"/> BASIC <input type="checkbox"/> BROAD <input type="checkbox"/> SPEC				
GENERAL LIABILITY COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> OCCUR		EACH OCCURRENCE DAMAGE TO RENTED PREMISES		\$
		MED EXP (Any one person)		\$
		PERSONAL & ADV INJURY		\$
		GENERAL AGGREGATE		\$
		PRODUCTS - COMPROP AGG		\$
VEHICLE LIABILITY ANY AUTO ALL OWNED AUTOS <input checked="" type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS	BA163444#1 10/21/2010 - 10/21/2011	COMBINED SINGLE LIMIT		\$ 5,000,000
		BODILY INJURY (Per person)		\$
		BODILY INJURY (Per accident)		\$
		PROPERTY DAMAGE		\$
		MEDICAL PAYMENTS		\$
		PERSONAL INJURY PROT		\$
		UNINSURED MOTORIST		\$ 25K/\$50K/\$25K
VEHICLE PHYSICAL DAMAGE DED <input checked="" type="checkbox"/> COLLISION \$1,000 <input checked="" type="checkbox"/> OTHER THAN COL \$1,000	ALL VEHICLES <input type="checkbox"/> SCHEDULED VEHICLES <input checked="" type="checkbox"/> BA163444#1 10/21/2010 - 10/21/2011 (Whichever is less)	<input checked="" type="checkbox"/> ACTUAL CASH VALUE <input checked="" type="checkbox"/> STATED AMOUNT		\$ 32,600
GARAGE LIABILITY ANY AUTO		AUTO ONLY - EA ACCIDENT		\$
		OTHER THAN AUTO ONLY:		
		EACH ACCIDENT		\$
		AGGREGATE		\$
EXCESS LIABILITY UMBRELLA FORM OTHER THAN UMBRELLA FORM	RETRO DATE FOR CLAIMS MADE:	EACH OCCURRENCE		\$
		AGGREGATE		\$
		SELF-INSURED RETENTION		\$
WORKER'S COMPENSATION AND EMPLOYER'S LIABILITY		WC STATUTORY LIMITS		\$
		E.L. EACH ACCIDENT		\$
		E.L. DISEASE - EA EMPLOYEE		\$
		E.L. DISEASE - POLICY LIMIT		\$
SPECIAL CONDITIONS / OTHER COVERAGES		FEES		\$
		TAXES		\$
		ESTIMATED TOTAL PREMIUM		\$

## NAME &amp; ADDRESS

American Go Team Services LLC DBA The Go Bus 420 Maplewood Circle Conway, SC 29526	MORTGAGEE <input type="checkbox"/> LOSS PAYEE <input type="checkbox"/> LOAN # AUTHORIZED REPRESENTATIVE 	ADDITIONAL INSURED <input type="checkbox"/>
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